

# DECLARATION AND POWER OF ATTORNEY U.S.A.

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ATTORNEYS' DOCKET NO.

P70348US0

ALL PATENTS, INCLUDING DESIGN  
FOR APPLICATION BASED ON PCT, PARIS CONVENTION;  
NON PRIORITY; OR PROVISIONAL APPLICATIONS

As a below named inventor, I declare that my residence, post office address and citizenship are stated below next to my name, the information given herein is true, that I believe that I am the original  
first and sole inventor (if only one name is listed at 201 below), or an original, first and joint inventor (if plural inventors are named below at 201-203, or on additional sheets attached hereto) of the subject  
matter which is claimed and for which patent is sought on the invention entitled:

## DISPOSABLE CASSETTE

which is described and claimed in:

☐ the attached specification

☒ PCT International Application No. PCT/EP03/009128

☐ the specification in application Serial No. \_\_\_\_\_

filed August 18, 2003

filed \_\_\_\_\_

(if applicable) and amended on \_\_\_\_\_

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.  
I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any  
foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

102 39 597.7

(Number)

Germany

(Country)

28 August 2002

(Day/Month/Year Filed)

Priority Claimed

☒ Yes

☐ No

(Number)

(Country)

(Day/Month/Year Filed)

☐ Yes

☐ No

(Number)

(Country)

(Day/Month/Year Filed)

☐ Yes

☐ No

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

Application No. \_\_\_\_\_

Filing Date \_\_\_\_\_

Application No. \_\_\_\_\_

Filing Date \_\_\_\_\_

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not  
disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to  
patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this  
application

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POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys (Registration No.) to prosecute this application, receive and act on instructions from my agent,  
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(20,840); ALLEN S. MELSER (27,215); MICHAEL R. SLOBASKY (28,421); JONATHAN L. SCHERER (29,851); IRWIN M. AISENBERG (19,007); WILLIAM E. PLAYER (31,409);  
YOUN S. HAM (45,307) and NATHANIEL A. HUMPHRIES (22,772)

SEND CORRESPONDENCE TO: CUSTOMER NO. 00136

**JACOBSON HOLMAN**  
PROFESSIONAL LIMITED LIABILITY COMPANY  
400 SEVENTH STREET, N.W.  
WASHINGTON, D.C. 20004

DIRECT TELEPHONE CALLS TO:

(please use Attorney's Docket No.) (202) 638-6666

**JACOBSON HOLMAN**  
PROFESSIONAL LIMITED LIABILITY COMPANY

Inventor(s) name must include at least one unabbreviated first or middle name.

201	FULL NAME * OF INVENTOR	FAMILY NAME <u>HAECKER</u>	GIVEN NAME <u>Juergen</u>	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY <u>Neu-Anspach</u>	STATE OR FOREIGN COUNTRY <u>Germany</u> <u>DEX</u>	COUNTRY OF CITIZENSHIP <u>Germany</u>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <u>Stabelsteiner Weg 34</u>	CITY <u>Neu-Anspach</u>	STATE OR COUNTRY <u>Germany</u> ZIP CODE <u>81287</u>
202	FULL NAME * OF INVENTOR	FAMILY NAME <u>FREY</u>	GIVEN NAME <u>Stephan</u>	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY <u>Frankfurt</u>	STATE OR FOREIGN COUNTRY <u>Germany</u>	COUNTRY OF CITIZENSHIP <u>Germany</u>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <u>Demrlcl, Hinter den Ulmen 16</u>	CITY <u>Frankfurt</u>	STATE OR COUNTRY <u>Germany</u> ZIP CODE <u>60433</u>
203	FULL NAME * OF INVENTOR	FAMILY NAME <u>LAPP</u>	GIVEN NAME <u>Uwe</u>	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY <u>Butzbach</u>	STATE OR FOREIGN COUNTRY <u>Germany</u>	COUNTRY OF CITIZENSHIP <u>Germany</u>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <u>Hinter der Bug 11</u>	CITY <u>Butzbach</u>	STATE OR COUNTRY <u>Germany</u> ZIP CODE <u>35510</u>

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these  
statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the United  
States Code; and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201\*

DATE 10.1.2005

SIGNATURE OF INVENTOR 202\*

DATE

SIGNATURE OF INVENTOR 203\*

DATE

☒ Additional inventors are named on separately numbered sheets attached hereto.

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## DISPOSABLE CASSETTE

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☒ PCT International Application No. **PCT/EP03/009128**

☐ the specification in application Serial No. \_\_\_\_\_

(if applicable) and amended on \_\_\_\_\_

filed **August 18, 2003**

filed \_\_\_\_\_

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PROFESSIONAL LIMITED LIABILITY COMPANY

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	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
201	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY
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SIGNATURE OF INVENTOR 201*	SIGNATURE OF INVENTOR 202*	SIGNATURE OF INVENTOR 203*
DATE	DATE	DATE

☒ Additional inventors are named on separately numbered sheets attached hereto.

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408 SEVENTH STREET, N.W.

WASHINGTON, D.C. 20004

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**JACOBSON HOLMAN**

PROFESSIONAL LIMITED LIABILITY COMPANY

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	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY
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	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY
203	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY

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☒ Additional Inventors are named on separately numbered sheets attached hereto.

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**JACOBSON HOLMAN PLLC  
ADDITIONAL INVENTORS**

\* Inventor(s) name must include at least one unabbreviated first or middle name.

204	FULL NAME * OF INVENTOR	FAMILY NAME JAHN	GIVEN NAME Paul	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY Frankfurt	STATE OR FOREIGN Germany	COUNTRY OF CITIZENSHIP Germany
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Leo-Tolstol-Strasse 10	CITY Frankfurt	STATE OR COUNTRY Germany
205	FULL NAME * OF INVENTOR	FAMILY NAME OESTERREICH	GIVEN NAME Stephan	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY Neu-Anspach	STATE OR FOREIGN Germany	COUNTRY OF CITIZENSHIP Germany
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Im Roedchen 8	CITY Neu-Anspach	STATE OR COUNTRY Germany
206	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY
207	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY
208	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY
209	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY
210	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY
211	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP
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SIGNATURE OF INVENTOR 204 *	SIGNATURE OF INVENTOR 205 *	SIGNATURE OF INVENTOR 206 *
DATE X 11.1.2005	DATE	DATE
SIGNATURE OF INVENTOR 207 *	SIGNATURE OF INVENTOR 208 *	SIGNATURE OF INVENTOR 209 *
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**JACOBSON HOLMAN PLLC**  
**ADDITIONAL INVENTORS**

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